

THE STATE HOSPITALS BOARD FOR SCOTLAND

Person Centred Improvement

12 Month Update Report

1 October 2023 – 30 September 2024

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1 CORE PURPOSE

The Person Centred Improvement Service (PCIS) supports services across the State Hospital through its diverse work streams contributing to delivery to the Annual Operating Plan, specifically in relation to:

- Implementation of the Clinical Model
- Maximising opportunities to support visits. Maintaining carer involvement family relationships
- Collaborating with the Forensic Network.
- Working with stakeholders to enhance the reputation of the State Hospital.
- Engaging with development of national work streams.
- Embedding the Supporting Healthy Choices programme.
- Through membership of various forums, it is ensured that a person centred approach to the delivery of individually tailored care and treatment plans is implemented.
- Ensuring that patients are supported during their progression through services.
- Addressing patients' social wellbeing issues.
- Supporting a quality improvement approach.
- Enabling patients to engage with the climate change agenda.

The PCIS supports achievement of strategic objectives specifically relating to:

- Person-centred improvement projects (Person-centred Health Care Programme).
- Meaningful stakeholder involvement: patients, carers, volunteers, and the public (limited to external regulatory/supporting bodies and third sector partners).
- Volunteer input.
- Carer / Named Person / visitor support.
- Visiting experience.
- Spiritual and Pastoral Care.
- Equality Agenda.
- Supporting the role of the Patient Advocacy Service (PAS).

This report relates to the period October 2023 to September 2024. During this time, the Person Centred Improvement Group terms of reference and work plan has been reconfigured and ensures that stakeholder involvement and engagement, equality and diversity, spiritual and pastoral care and volunteering work streams have been aligned to the Person-centred Health Care aspect of the NHS Quality Strategy, in recognition of the contribution these elements make within the delivery of this element of the national strategy. The service will continue to support wider disciplines including nursing and medical colleagues in terms of delivering a range of national drivers, e.g. 'Realistic Medicine' (Scottish Government, 2016) (ref 2), and the 'Scottish Patient Safety Programme' (ref 3), which highlight the need to ensure that stakeholder feedback is embedded within service design.

The State Hospital's Board (the Board) is committed to continuously improving the systems and processes, which support safe, effective, person-centred care, adopting a balanced and proportionate response to legislative, national drivers and reviews with the PCIG taking cognisance of these to ensure that the organisation is compliant with these legislative requirements and responds appropriately to national drivers relating to the above portfolio.

Partnership working continues with key external stakeholder groups, including, the Scottish Government Person Centred Stakeholder Group, Mental Welfare Commission, Forensic Network partners, Health Improvement Scotland Community Engagement (HISCE), Scottish Human Rights Commission, Volunteer Scotland and Carers' Trust (Scotland).

2 CURRENT RESOURCE COMMITMENT

2.1 Annual budget

£291.5k: Staff - £279k, Pastoral Services - £9k, Visitor Travel, Volunteer Expenses and wider service running costs - £32.5k.

Table 1 - Staffing Establishment

Job Title	Band	Actual WTE	Budget WTE	Comments
Person Centred Improvement Lead	8b	1.0	1.0	The tasks and responsibilities related to Equality & Diversity are being absorbed until such times as the Senior Nurse Role is recruited to.
Band 6 Charge Nurse	6	1.0	-	The secondment for this post ended 1 March 2024 with the post holder resuming their substantive role on ward.
Person Centred Improvement Nurses x 2	5	1.2	1.2	This equates to 2 staff members 0.6wte each post
Person Centred Improvement Advisor	5	1.0	1.0	
Health Care Support Worker	3	0.4	0.4	

3 SUMMARY OF CORE ACTIVITY

- Facilitated the Hospital wide What Matters To You (WMTY) initiative.
- Ongoing support of 'Nu 2 U' Patient Charity Shop.
- Supported Patient Partnership Group (PPG) Chair to ensure that patient experience influences the Clinical Model implementation plans.
- Transferred online volunteer mandatory training modules to hard copy format in response to volunteer feedback.
- Increased the opportunities for the facilitation of weekend Adult visits in response to carer feedback.
- Revised the guidance and protocols for Volunteer Recruitment
- Engaged with carers and visitors through the completion of the Visitor Experience Questionnaire.
- Created the draft State Hospital Carer Strategy
- Progressed the 'Triangle of Care' assessment.
- Patient/Carer stories presented to Board meetings throughout the year.

4 COMPARISON WITH PREVIOUS YEAR'S PLANNED ACTIVITY

Operational management of the Person Centred Improvement Team is now the responsibility of the Skye Centre Manager and line management of this staff group is the responsibility of the Skye Centre Senior Charge Nurse. The work associated with the development of the Carer strategy and the review of the role and remit for volunteers is being progressed.

Table 2 below outlines an update on the previous year's actions.

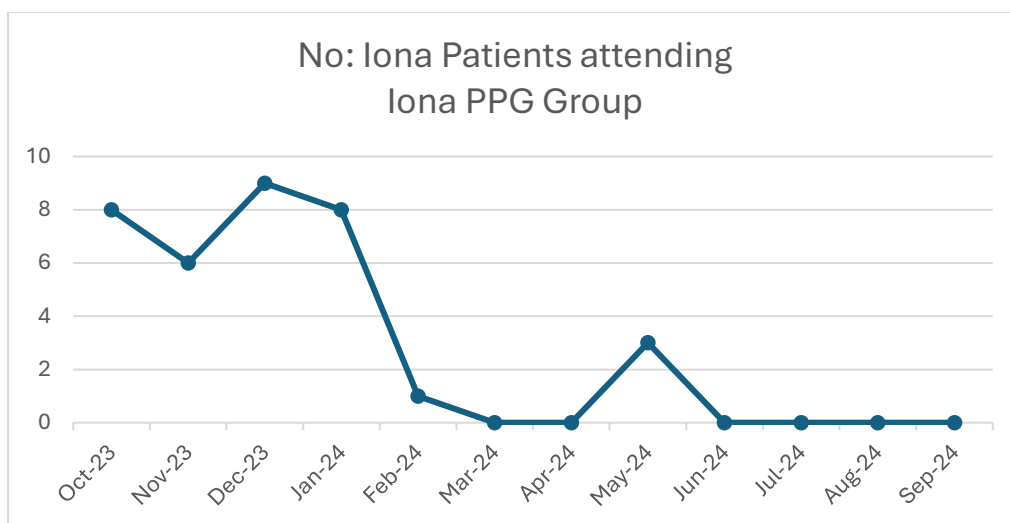
Table 2

No	Action	Update
01	Develop Carers' Strategy.	In progress - Draft Carer Strategy has been developed and presented to Board Development Session Oct 2024. For discussion and approval at CCC November 2024.
02	Review and Refresh Triangle of Care	In progress – will be considered as part of Carer strategy
03	Complete a Carer Walk Through to understand the visitor experience using 15 Steps Methodology.	In progress – process has been commenced, will be considered as part of Carer strategy
04	Review of information provided and available for carers/visitors, including considering needs of younger people and those whom English is not their first language.	In progress – will be considered as part of Carer strategy
05	Introduction of Senior Nurse post with remit for Equality and Diversity	Remains part of the plans for the Nursing Directorate and it is anticipated that recruitment will be considered within the next financial year.
06	Sensory Garden for Iona Hub	Due to the current financial situation this will not be progressed at this time. Other opportunities to develop sensory experiences for our ID patient group will be explored.
07	Review Volunteering Policy	Complete
08	Outdoor Seating Area in Family Centre	Complete
09	Review current reporting of Person Centred Care	Complete
10	Review of various streams of patient feedback	Complete

5 PERFORMANCE TO KEY PERFORMANCE INDICATORS

5.1 Patients from all areas of the Hospital are meaningfully engaged in contributing to service design

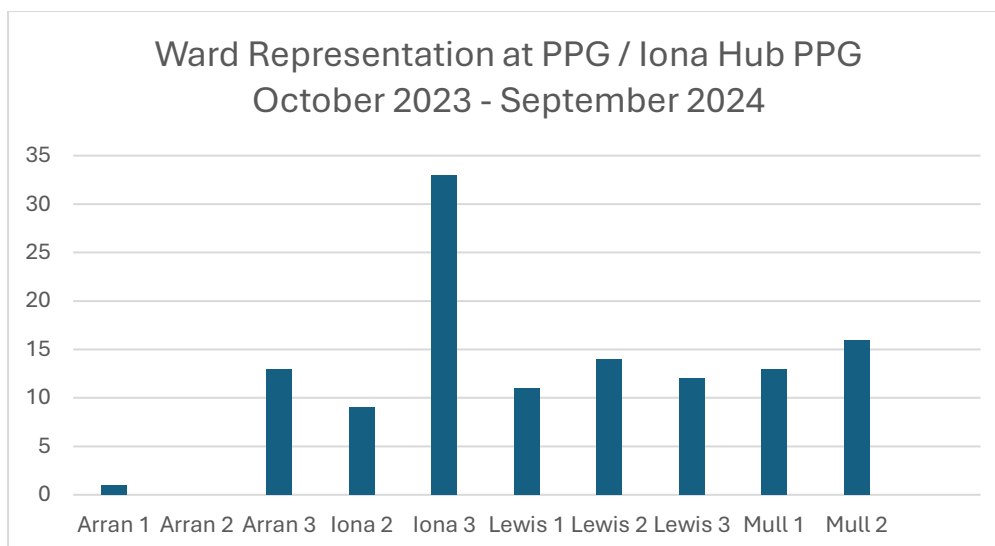
5.1.1 Outcome 5.1a - Patient Partnership Group (PPG) is facilitated 50 weeks of the year



5.1.2 Outcome 5.1b - PPG membership includes representation from all wards

The PPG group membership remained settled during the previous reporting period of 2023/24.

One patient was transferred to step down services with a new representative identified prior to their discharge. The patient representative identified for Arran 2 withdrew from the group and with no replacement identified. Arran 1 has not had a patient representative for the majority of the past year however a representative has recently joined the group. Solutions are being explored to ensure that Arran 2 patients are provided the opportunity to contribute to the PPG, with a ward discussion being one possible option.



5.1.3 PPG engage with internal stakeholders fortnightly and external stakeholders monthly.

Internal stakeholder engagement remains consistent. A wide range of stakeholders have attended the weekly meeting to engage with the group members to provide information and seek their views on a number of initiatives. Examples are noted below:

- Non-Executive Directors on a monthly basis hearing first hand from patients about their experiences in Hospital.
- Senior Nurse Infection Control to discuss changes to policy and practice.
- Advocacy Manager and Complaint Officer jointly on a monthly basis to maintain a comprehensive approach to identifying themes / trends and avoid duplication of input.
- Catering Manager and Catering Team staff members to inform patients of upcoming menu plans and take on board patient feedback.
- Chair of Mental Health Practice Steering Group and Quality Improvement Advisor to inform the group of changes to the CPA process.
- Lead Nurse and Advocacy Manager to further update and discuss Daytime Confinement Project.
- Practice Development Nurse to inform group of Debrief Process post incidents.
- Associate Director of Nursing & Practice Development Nurse to advise the group of some changes to the observation level policy.
- Head of Clinical Quality Department to inform and explain five-year Quality strategy
- Psychology Trainee to inform the group and seek feedback regarding the upcoming research project considering grief and our patients' experience.
- Student Nurses.

5.2 Patients who have no visitors have the opportunity to receive visits

5.2.1 100% of referrals for volunteer visitor input are fulfilled

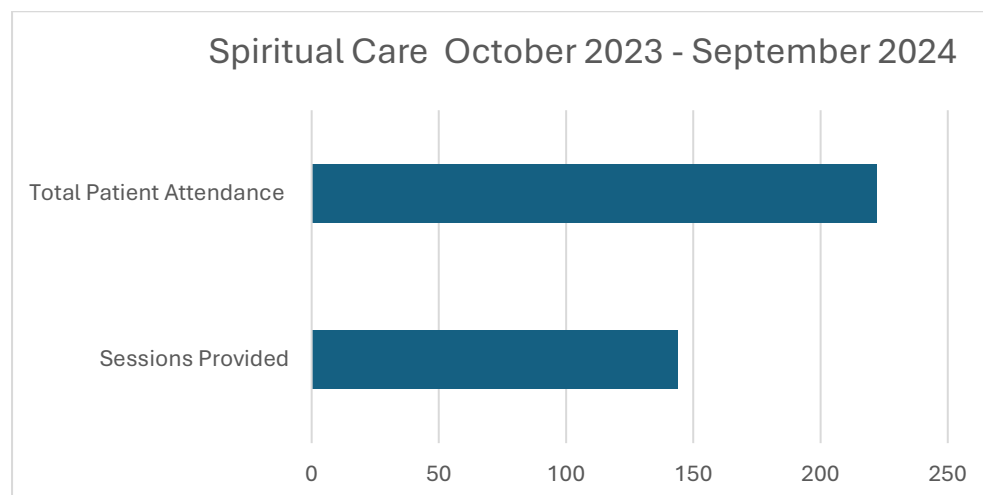
Zero referrals received during this reporting period.

There have been no new Volunteers Visitors recruited in the past year and Clinical Teams were informed that no capacity was available within the current group of Volunteers. However, a new Volunteer Visitor was successfully recruited in September and the on boarding process has commenced.

5.3 Wider patient attendance at group based spiritual & pastoral care activities

5.3.1 Attendance mirrors national average trend (8.9%) (ref 16)

Patient attendance has increased from 15% to 18.5% during this last year, reflecting an increase on the Scottish data.



5.4 Progress to the State Hospital British Sign Language (BSL) Action Plan (2018-24)

5.4.1 Outcome - 16 of total of 18 indicators achieved

The current BSL Action plan has been reviewed and the refreshed plan has been developed. There are two outstanding pieces of work. The indicator related to the Digital Inclusion Project will not be progressed at this present time due to the current financial situation. A road map has been devised with the requirements of the BSL work stream captured in this. The work to update the State Hospital Intranet is being progressed.

5.5 Carers are enabled to contribute meaningfully to patient outcomes

5.5.1 Triangle of Care

This will be reviewed as part of the Carer Strategy which will be approved by December 2024.

5.6 Local policies have undergone an Equality Impact Assessment (EQIA), prior to implementation, which is fit for purpose

5.6.1 All those responsible for undertaking EQIAs have been trained

Training will be the remit of the new Senior Nurse. Training has been offered by neighbouring Health Boards until this post is recruited to.

5.6.2 100% of all locally generated policies have an approved EQIA

96% of local policies have a current EQIA. Ninety-eight of 102 have an approved EQIA. Of the outstanding 4%, these are HR local policies that will be superseded by national Once for Scotland Workforce Policies and as such the review dates have been extended until these are archived.

5.6.3 EQIA data is used to highlight the needs of protected characteristic groups impacted by service change

Ongoing. Clinical Model EQIA completed and will continue to be reviewed as part of this dynamic process.

6 STAKEHOLDER EXPERIENCE

"As PPG Reps, it's rewarding seeing the change in food issued from catering. You can see we are listened to and changes are acted upon immediately. Other areas you feedback and nothing gets changed but in Catering it does. Thank you Catering."

"Great to see the TV size increased to 24 inch. Thank you, PPG, for getting this for us."

"The What Matters to You is a great initiative to get patients views across."

Festive event was amazing and getting the chance to hear my son in the choir was priceless. Having the chance to see the Skye Centre and meet the staff that my son talks about all the time was reassuring. Please tell me this is an annual event.

"I was feeling really low this morning and that [child] visit has really brightened my day."

6.1 Planned Quality Assurance / Improvement Work Steams for the next twelve months

Quality Assurance	Quality Improvement
Implement State Hospital Carer Strategy Action Plan	Explore the need for Arran PPG ward based discussions.
Implement results and actions from Review Triangle of Care	More effective use of noticeboards and ONELAN system to share information for patients and carers
Update Carer Information – internet, intranet, revise Carer Information Pack.	Improve access to purchase of TV's on admission to hospital.
Scope the alternative approaches to provide a Carer Support Group through the Forensic Network	Provision of welcome packs for New Admission patients on lower income/no benefits
Introduction of Senior Nurse post with remit for Equality and Diversity	Review the vocational qualifications through involvement in the NU2U Charity Shop

7 NEXT REVIEW DATE

The next report is due in November 2025.

8 REFERENCES

- [Health Improvement Scotland, Health and Care Programme.](#)
- [Practicing Realistic Medicine, Chief Medical Officer's Annual Report \(2018\).](#)
- [Scottish Patient Safety Programme \(Mental Health\) \(2012\).](#)